

Small PHA Plan Update  
Annual Plan for Fiscal Year: 01/2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** GRANITE HOUSING AUTHORITY

**PHA Number:** OK092

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2001

**PHA Plan Contact Information:**

Name: MS. PEGGY FORD

Phone: (405) 275-3306

TDD:

Email (if available): grhousing@intplsrv.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered:**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

# Annual PHA Plan

## Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment <u>  </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
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<input checked="" type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment <u>F</u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	

- ☒ Other (List below, providing each attachment name)
- ATTACHMENT G: Progress in meeting 5 Year Plan Mission and Goals
- ATTACHMENT H: PHA Certification of Compliance with the PHA Plans and Related Regulations – Board Resolution to Accompany the PHA Plan
- ATTACHMENT I: HUD-50070, Certification for a Drug Free Workplace
- ATTACHMENT J: HUD-50071, Certification of Payments to Influence Federal Transactions
- ATTACHMENT K: SF-LLL, Disclosure of Lobbying Activities

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

THERE ARE NO SIGNIFICANT CHANGES IN POLICIES OR PROGRAMS PLANNED FOR THE UPCOMING YEAR, EXCEPT IMPLEMENTATION OF THE DECONCENTRATION PLAN, COMMUNITY SERVICE REQUIREMENT PLAN AND POLICY AND THE FLAT RENT POLICY.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 53,192.00

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) F
3. In what manner did the PHA address those comments? (select all that apply)
  - ☒ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
    - ☐ Yes ☐ No: below or
    - ☒ Yes ☐ No: at the end of the RAB Comments in Attachment  
F.

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: OKLAHOMA STATE DEPARTMENT OF COMMERCE
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)  
CERTIFICATION OF CONSISTENCY DATED 4/18/00

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:** A Substantial Deviation from the 5 Year Plan as adding or deleting a Strategic Goal. The changing of objectives will not be considered a Substantial Deviation.

**B. Significant Amendment or Modification to the Annual Plan:** A Significant Amendment or Modification to the Annual Plan is defined as a major change in Policy not included in the Annual Plan, the addition of a housing program, such as adding a Section 8 Voucher Program or building a new housing project. A demolition project or conversion of Public Housing would be a significant amendment. A major deviation of Capital Improvements, \$10,000.00 or more or use of Operating Funds for Capital Improvements exceeding \$5,000.00 would be considered a signification modification to the Annual Plan.



## **Required Attachment D: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

P. L. GILREATH

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 3 YEARS - 05/19/03

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

P.L. GILREATH  
CARROLL GRADY  
PAT GRADY  
PEARL JOHNSON

**REQUIRED ATTACHMENT F: Resident Advisory Board comments and/or Recommendations and how the Housing Authority addressed these:**

**RESIDENT COMMENTS:**

AIR CONDITIONING FOR FAMILY UNITS  
NEW CARPET FOR ONE (1) BEDROOM UNITS; CARPET FOR FAMILY UNITS  
REPLACEMENT OF VENT HOODS FOR COOK STOVES  
REPLACEMENT OF SOME REFRIGERATORS  
REPLACEMENT OF SOME COOKSTOVES  
SAFE ROOM

**BOARD RESPONSE:**

COST ESTIMATES WERE OBTAINED FOR THE ABOVE MENTIONED ITEMS. MEMBERS ARE CONSIDERING THESE CHANGES AND THE COSTS. SOME OF THE CHANGES WILL BE IMPLEMENTED OVER THE NEXT TWO TO THREE YEAR PERIOD.



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> GRANITE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program: 2001 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement  <input type="checkbox"/> Performance and Evaluation Report for Period Ending:         </div> <div> <input type="checkbox"/> Reserve for Disasters/ Emergencies  <input type="checkbox"/> Final Performance and Evaluation Report         </div> <div> <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)         </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,842			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	42,500			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	3,000			
13	1475 Nondwelling Equipment	10,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	61,342			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> GRANITE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program: 2001 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1)</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: GRANITE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: 2001 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	OPERATIONS	1406		5,842				
OK092001	INSTALL AIR CONDITIONING FOR FOUR 3 BDRM UNITS	1460		10,600				
OK092002	INSTALL AIR CONDITIONING FOR SIX 3 BDRM UNITS	1460		15,900				
OK092001	INSTALL AIR CONDITIONING FOR FOUR 2 BDRM. UNITS	1460		8,000				
OK092002	INSTALL AIR CONDITIONING FOR FOUR 2 BDRM. UNITS	1460		8,000				
PHA WIDE	BUILD SAFE ROOM	1470		3,000				
PHA WIDE	LAWN MOWER	1475		10,000				

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: GRANITE HOUSING  
AUTHORITY

Capital Fund Program #: 2001

**Federal FY of Grant: 2001**[illegible]



## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
OK092	OK092001	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE CARPET FOUR 2 BDRM UNITS	4,400	1/01/02
REPLACE CARPET FIVE 3 BDRM UNITS	6,050	
REPLACE HOT WATER HEATERS 4 UNITS	1,600	
REPLACE COOK STOVES 9 UNITS	4,500	
REPLACE REFRIGERATORS 5 UNITS	2,125	
REPLACE FURNACES 4 UNITS	10,000	
REPLACE FURNACES FIVE 3 BDRM UNITS	15,000	1/01/03
REPLACE FURNACES THREE 1 BDRM UNITS	7,500	
PAINT SIX 1 BDRM UNITS	1,700	1/01/04
PAINT FOUR 2 BDRM UNITS	1,600	
PAINT FIVE 3 BDRM UNITS	2,500	
GUTTERING 7 UNITS	3,500	
FENCING	6,000	
ROOFING	20,000	1/01/05
LANDSCAPING	2,000	
Total estimated cost over next 5 years	88,475	

## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
OK092	OK092002	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPACE CARPET FOUR 2 BDRM UNITS	4,400	1/01/02
REPLACE CARPET FIVE 3 BDRM UNITS	6,050	
REPLACE HOT WATER HEATERS 4 UNITS	1,600	
REPLACE COOK STOVES 9 UNITS	4,500	
REPLACE REFRIGERATORS 5 UNITS	2,125	
REPLACE FURNACES 4 UNITS	10,000	
REPLACE FURNACES FIVE 3 BDRM UNITS	15,000	1/01/03
REPLACE FURNACES THREE 1 BDRM UNITS	7,500	
PAINT SIX 1 BDRM UNITS	1,700	1/01/04
PAINT FOUR 2 BDRM UNITS	1,600	
PAINT FIVE 3 BDRM UNITS	2,500	
GUTTERING 8 UNITS	4,000	
FENCING	5,000	
ROOFING	25,000	1/01/05
LANDSCAPING	2,000	
Total estimated cost over next 5 years	92,975	

## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan			
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement			
Development Number	Development Name (or indicate PHA wide)		
OK092	PHA WIDE		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
TRANSFER TO OPERATIONS		3,992	1/01/02
TRANSFER TO OPERATIONS		9,342	1/01/03
PURCHASE MAINTENANCE VEHICLE		7,000	
TRANSFER TO OPERATIONS		31,242	1/01/04
TRANSFER TO OPERATIONS		12,342	1/01/05
Total estimated cost over next 5 years		63,918	